

P13000074226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100251249411

09/06/13--01024--012 **78.75

FILED
13 SEP -6 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 9/11

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: BioFIT Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Maria Milla
Name (Printed or typed)

3510 West Hillsboro Blvd #102
Address

Coconut Creek, FL 33073
City, State & Zip

954-701-0657
Daytime Telephone number

mdragonmilla@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: BIOFIT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3510 West Hillsboro Blvd
*102

Coconut Creek FL 33073

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Fitness Training

FILED
13 SEP - 6 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria Nila Pres. Name and Title: _____

Address: 3510 W. Hillsboro Blvd Address: _____

*102

Coconut Creek, FL 33073

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
13 SEP - 6 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Maria Milla

Address: 3510 W. Hillsboro Blvd #102

Coconut Creek, FL 33073

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maria Milla

Address: 3510 W Hillsboro Blvd #102

Coconut Creek, FL 33073

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Maria Milla
Required Signature/Registered Agent

8/30/2013
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Maria Milla
Required Signature/Incorporator

8/30/2013
Date